

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 2543

1. PLACE OF BIRTH

County Maricopa State Arizona
Township _____ or Village _____
City Phoenix No. Good Samaritan Hosp Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rogene Lee Hinshaw { If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Aug 25, 1930
(Month, day, year)

9. Full name of FATHER Asabel Delma Hinshaw

18. Full maiden name of MOTHER Maudel Lee Sanders

10. Residence (usual place of abode) (If nonresident, give place and State) 2237 N. Rickland

19. Residence (usual place of abode) (If nonresident, give place and State) 2237 N. Rickland

11. Color or race W 12. Age at last birthday 31 (Years)

20. Color or race W 21. Age at last birthday 23 (Years)

13. Birthplace (city or place) Wickenburg
(State or country) Kans.

22. Birthplace (city or place) Liberty
(State or country) Arizona

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Grav. Nurse

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____, 19____ 17. Total time (years) spent in this work 114

25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth born alive { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:04 p.m. on the date above stated (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. B. Sanders, M. D.

or _____, Midwife

Given name added from a supplemental report _____ (Date of) _____

Address Phoenix Arizona

Filed Sept. 2, 1930 J. W. Bodman Registrar.

Registrar.